




THE GRECC FORUM ON AGING

GERIATRIC RESEARCH, EDUCATION & CLINICAL CENTER

Volume 1

Issue 1

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GRECC Forum Newsletter Undergoes Changes

The *GRECC Forum on Aging* has disseminated GRECC news to a national audience, both within the VA system and beyond. The newsletter, produced by the VA Puget Sound Health Care System, has been a valuable archive of GRECC publications and achievements. However, over the next year, the newsletter will undergo significant revisions in content and design. "VA GRECCs are leading efforts to understand and treat conditions that significantly impact the health and quality of life of older veterans and indeed all members of our rapidly aging population. This newsletter provides the opportunity to highlight (Continued pg. 4)

Muscle Repair in Normal Aging and Muscular Dystrophies: GRECC Director's Innovative Research is Recognized

Thomas Rando, MD, PhD has recently received two prestigious awards: The NIH Director Pioneer Award and the Ellison Medical Foundation Senior Scholar Award in Aging. Dr. Rando is the GRECC Director at the VA Palo Alto Health Care System and Associate Professor of Neurology and Neurological Sciences at Stanford University School of Medicine. These awards provide support to established investigators for the development of creative research programs. Dr. Rando's main research areas include age-related muscle loss, muscular dystrophies, and muscle stem cell biology.

In recent work, Dr. Rando and colleagues examined the cause of the age-related decline in muscle regeneration that is a hallmark of aging. The inability of older muscle tissue to repair

itself following an injury has been commonly attributed to changes in muscle stem cells, specialized cells in adult skeletal muscle that are capable of rapid regeneration. However, Dr. Rando and his collaborators have shown that changes in blood factors that promote repair may reduce muscle regeneration in aging. In an elegant experiment, Dr. Rando's team connected two live mice in such a way that they shared a single circulatory system. Older mice were exposed to either the blood of a young mouse or the blood of an older mouse. The older mouse then received an experimentally induced muscle injury. When older mice were exposed to the blood of younger mice, the muscle stem cell's healing responses were rejuvenated. Mice exposed to the blood of



older mice did not show this effect. Thus, stem cells in old animals may be capable of regenerating injured tissue when provided with the proper trophic factors in blood. Identification of these specific factors requires additional study. Dr. Rando stated that these findings may provide research approaches for the treatment of Alzheimer's disease or muscular dystrophy. "Old tissue may have far more intrinsic regenerative potential than we assume.... This really provides hope for the future of the field of Regenerative Medicine, capitalizing on endogenous healing potential." The findings appear in the February 17, 2005 issue of *Nature*. Congratulations to Dr. Rando for his impressive achievements.

VA Cooperative Study Vaccine Dramatically Reduces Risk and Complications of Shingles

Many older adults remember their childhood bout with chickenpox, a disease characterized by itchy red welts. Few realize, however, that this disease can rear its head again in later life. All older adults who have ever had chickenpox are at risk for developing shingles, a debilitating condition associated with a blistering rash, malaise, and for some patients, persistent burning pain. Following recovery from chickenpox, the herpes zoster virus that causes the condition lies dormant in nerve cells. When immunity to the virus weakens with aging, the virus can reactivate and multiply, causing the painful symptoms associated with shingles. As many as thirty percent of individuals infected with chickenpox develop shingles. Age is a major risk factor, such that more than half of shingles cases are observed in adults over the age of 60. Although recovery can occur in several weeks, others may experience prolonged pain and discomfort,

reducing quality of life and causing significant functional impairment.

There is new hope for preventing and treating this difficult condition, however. A recent VA Cooperative Study demonstrated that an experimental vaccine reduced the number of new cases of shingles by half. In those who developed shingles, the total burden of pain and discomfort was reduced by 61% for those who received the vaccine. Furthermore, the vaccine reduced by 67% the incidence of chronic nerve pain called postherpetic neuralgia, one of the most common serious complications of shingles. Safety was carefully monitored and results suggested that the vaccine has an excellent safety profile.

The Shingles Prevention Study was chaired by Michael Oxman, MD, an infectious disease specialist at the San Diego VA Healthcare System and Professor of Medicine at the University of California, San Diego School of Medi-

cine. The study was conducted at 16 VA medical centers and 6 other clinical sites coordinated through the National Institute of Allergy and Infectious Diseases. The study enrolled 38,546 older adults who received either a single injection of a vaccine against the varicella-zoster virus or a placebo injection and were followed for 3 years. Merck & Co., Inc. supplied the vaccine and placebo for the study.

As the population ages, the incidence of shingles is expected to rise. "For some people, shingles can result in months or even years of misery," said Kenneth Schmader, MD, Durham GRECC investigator and Associate Professor of Medicine at Duke University, who was an executive committee member of the trial. These exciting results provide hope that shingles may become a preventable condition in many older adults. The findings appear in the June 2, 2005 issue of the *New England Journal of Medicine*.

An open letter to the GRECCs

In early March, 2005, it was my distinct honor to become Director of Geriatric Programs in the Office of Geriatrics and Extended Care. The tragic illness and untimely death in December 2003 of the only other person to occupy this position, Marsha Goodwin, left a hollow place in VHA geriatrics leadership and in the hearts of everyone who had the good fortune to know her. That hollow place can never be filled. But I intend to work diligently to ensure that the impressive life's work left by Marsha continues to be a fitting legacy to her numerous selfless contribu-

tions to VHA and to American geriatrics.

I have inherited a portfolio of responsibilities that includes oversight for GEM programs, for geriatric primary care, for activities stemming from the Millennium Act pilots—and for GRECCs. The GRECCs are a broad, diverse, productive program, and I take it as my unswerving personal obligation to assist them in any way I can to live up to their tremendous potential, and to make sure as many people as possible recognize their value to the Department and the country.

To that end I am pursuing a

three level strategy to identify GRECC accomplishments, to communicate them effectively within and beyond the organization, and to turn knowledge of their success into a



meaningful resurgence of support for the program. I have been gratified beyond words by assistance I have received from GRECCs' leadership teams to share their perspectives and suggestions; to identify and eliminate obstacles to communication and collaboration with other GRECCs; and to make available individual programs' unique assets in (Continued pg. 4)

GRECC Tidbits

Did you Know?

Currently there are 21 GRECCs operating at 25 facilities throughout the VA.

Ann Arbor

Baltimore

Birmingham/Atlanta

Bronx/New York Harbor

Cleveland

Durham

Gainesville

Little Rock

Madison

Miami

Minneapolis,

New England (Bedford and Boston Divisions)

Palo Alto

Pittsburgh

Puget Sound (Seattle and

American Lake Division)

Salt Lake City

San Antonio

Sepulveda

St. Louis

Tennessee Valley and

West Los Angeles

Bronx/New York Harbor

"On-going projects include the development of a tool to better access capacity for health care decision-making by cognitively impaired veterans."

Bronx Update

The Bronx/New York Harbor GRECC in VISN 3, established in 1999, is one of the youngest GRECCs in the VA system. In its few years of existence, the site, directed by Albert Siu, MD, MSPH, has developed into a recognized leader in palliative care. Palliative care seeks to improve the physical, psychosocial, and spiritual quality of life for patients facing life-limiting illness, and their families. The focus of palliative care is comfort, support, and symptom management.

The Bronx/New York Harbor GRECC spearheaded a standardized approach to palliative care across VISN 3. All sites in the VISN now have palliative care consult teams. Led by Carol Luhrs, MD, this network initiative is unique in the VA system. Ongoing activities for which the GRECC provides leadership and support include VISN-wide training in end-of-life care, standardized data collection across VISN facilities, outreach to community hospices to improve the transition of care for veterans, and a Bereaved Family Member Satisfaction Survey for continuous performance improvement.

Recently, Joan Penrod, PhD, Associate Director of Research for the GRECC, demonstrated that Palliative Care Team

services significantly influenced the process of care for veterans¹. Ongoing projects include the development of a tool to better access capacity for health care decision-making by cognitively impaired veterans. GRECC Career Development Awardee Kenneth Boockvar, MD, MS, studies process and outcomes of care for older adults with chronic disease and disability, including nursing home residents^{2,3}. This innovative research program in end-of-life care is supplemented by a strong Basic and Biomedical Research program, directed by Giulio Pasinetti, MD, PhD.

Among its many educational accomplishments, under the direction of Judith L. Howe, PhD, Associate Director of Education, the Bronx/New York Harbor GRECC hosts one of six VA Interprofessional Palliative Care Fellowship Programs. It has also developed an interdisciplinary curriculum, *Geriatrics, Palliative Care and Interprofessional Teamwork*,⁴ which has generously been made available on the web for educational purposes (www.mssm.edu/grecc/curriculum.shtml).

The clinical program, led by Associate Director Evelyn Granieri, M.D., MSED, MPH, RD, has im-



plemented several clinical demonstration programs in geriatrics and palliative care. One recent initiative is the establishment of an outpatient palliative care clinic which provides continuity across care settings.

VISN 3 embodies the VA vision of an integrated, evidence-based approach to palliative care, in large part due to the leadership of the Bronx/New York Harbor GRECC. Its impressive commitment to excellence in palliative care research, clinical innovation, and education suggests a very promising future for this young GRECC.

1 Chong, K, Olson, EM, Banc, TE, Cohen, S, Anderson-Mallico, R, Penrod, JD. Types and rate of implementation of palliative care team recommendations for care of hospitalized veterans. *J Palliat Med* 7:784-90 (2004).

2 Boockvar, KS, Gruber-Baldini, A, Zimmerman, S, Burton, L, May, C, and Magaziner, J. Outcomes of infection in nursing home residents with and without early hospital transfer. *Journal of the American Geriatrics Society* 53: 590-596 (2005).

3 Boockvar, KS, Fishman, E, Kyriacou, CK, Monias, A, Gavi, S, Cortes, T. Adverse events due to discontinuations in drug use and dose changes in patients transferred between acute and long-term care facilities. *Archives of Internal Medicine* 164: 545-550 (2004).

4 Howe, JL, Sherman, DW, Amato, N, Banc, T (Eds.). *Geriatrics, Palliative Care and Interprofessional Teamwork: An Interdisciplinary Curriculum*. Developed by the Bronx VAMC GRECC Program (2001).

Open Letter *Continued*

support of the national program. This spirit of openness and generosity convinces me the GRECC program is poised to embark on an exciting, new chapter in its already distinguished history.

When GRECCs started, they were outposts in a frontier. Without an NIA and before almost any geriatric presence in health education, GRECCs' major energies were internally focused. They had to be: GRECCs were literally writing the book. But they have grown up. And just as a child's

outlook turns outward with maturity, so will the GRECCs'.

The exact form "GRECC maturity" takes is less important than what it will mean to aging veterans and to aging people everywhere. My prediction is that each GRECC is coming to see itself as a unique but essential component in a flexible yet effectively linked system of centers of skill and expertise. In shifting combinations and collaborations with other GRECCs, that system will achieve more, innovate more,

and teach more than the sum of every site's working alone could possibly approach.

It is an honor to have the chance to do what I can to move that vision toward reality, and in that way to honor Marsha's memory. But there is no way I can do it alone. Please do not hesitate to share your thoughts, your enthusiasm, your misgivings, and your insights with me, whenever you can.

Don't be a stranger!

Ken Shay, DDS, MS

GRECC Newsletter Changes *Continued*

GRECC achievements in a format that is both educational and enjoyable to read," said newsletter editor Dr. Suzanne Craft, Associate Director of Education for the VA Puget Sound Health Care System. Beginning in this issue, the newsletter will focus on significant GRECC research developments, awards, educational efforts, and clinical innovations. Lists

of conference presentations and publications will no longer be published in the newsletter, but will now be available on the national GRECC website. The GRECC Forum will highlight the achievements of specific GRECC sites on a rotating basis. Dr. Ken Shay, Director of Geriatric Programs for VACO-GEC, or colleagues Dr. Susan Cooley or Dr. Jim Burris will regularly contribute a column "View from

VACO". The newsletter staff seeks feedback from readers about format and content as these changes are implemented. If you have comments, or a suggestion for a news story, please email: chris.foster@med.va.gov.

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Upcoming Conferences

The NIA is hosting their 20th Anniversary Summer Institute on Aging Research Pre-Conference and Workshops for Nurses. July 7-8, 2006 at the Aspen Wye River Conference Center in Queenstown, MD. Registration deadline is March 3, 2006. Contact: www.geriatricnursing.org

The ICAD ~ International Conference on Alzheimer's Disease and Related Disorders will be held in Madrid, Spain on July 15—20, 2006.

This event brings together the top dementia researchers every two years to engage in multidisciplinary international exchange of ideas.

Contact: www.icad@alz.org

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